STATEMENT OF ORGANIZATION		OFFICE USE ONL	
Name and Address of Committee	2. Date of this Statement	_	Ē
Dhu Thompson for DA	05/19/2015	5/22	Ö
7600 Fern Ave #1300	3. Estimated Membership	- 700	5
Shreveport, LA 71105			308
	10		ğ
	4. Amended Statement?		J
Check If: New Committee X	YesX_No	# 893166	
5. All Committee Officers and Directors (including Chairperson, Trea	asurer, if any, and any other committee o	officers and directors)	ı
a. Name b. Position	c. Address		
Calli Thompson Chairperson	7600 Fern Ave #700	, Shreveport, LA 71105	
Susan Whitelaw Treasurer	7600 Fern Ave #130	0, Shreveport, LA 71105	
Affiliated Organizations (Any organization, other than a political committee, which directly	or indirectly established, administers, o	r financially supports this committee.)	
a. Name b. Address	•	c. Relationship to Committee	
7. All Depositories for Committee Funds (committee funds must be funds.)	deposited in one or more banks or savir	igs and loan institutions or money market mutual	
a. <u>Name</u> b. <u>Address</u>			
Red River Bank 1753 E 70th	St., Shreveport, LA 71105	L	
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9 IE TUIS COMMITTEE CUIDODTS A SINCLE CANDIDATE.	Check and A Deinsind Com	paign Committee Subsidiary	
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a Committee	. Check one: Principal Cam	paign committeesubsidiary	
b. Name of Candidate		c. Office Sought by the Candidate	
J. Dhu Thompson		Caddo Parish District Attorney	
9. a. Name of Person Preparing Report			
Barbara Rice			
b. Daytime Telephone 318-797-9500			
10. WE HEREBY CERTIFY that the information contained in this STA and belief.	ATEMENT OF ORGANIZATION is true a	nd correct to the best of our knowledge, information	on
This <u>19th</u> day of <u>May</u> ,,	2015		
- Call I happen		318-670-8018	
Signature of Committee Chairperson*	Day	time Telephone Number	
Seson Whitelan		318-797-9500	
Signature of Committee Treasurer, if any	Da	vtime Telephone Number	- 1